

DELAWARE DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL ("DNREC")

ENVIRONMENTAL PERMIT APPLICATION
BACKGROUND STATEMENT

Pursuant to 7 Del. C. Chapter 79

FILING STATUS:

This Background Statement is being filed with DNREC because:

- ☒ 1. It is an initial application for a new permit (or permits) and the applicant or applicant company has not held a permit issued by DNREC for a period of 5 or more years [See 7 Del. C. § 7902(a) and (b)];
- ☐ 2. It is required on an annual basis because the applicant or applicant company has been designated a chronic violator pursuant to 7 Del. C. § 7904 [See 7 Del. C. § 7902(a)(7) and (b)(2)]; or
- ☐ 3. It is required on an annual basis as the applicant or applicant company has been found guilty, pled guilty or no contest to any crime involving violation of environmental standards which resulted in serious physical injury or serious harm to the environment as defined in 7 Del. C. § 7902(c) [See 7 Del. C. § 7902(a)(7) and (b)(2)].

APPLICANT OR APPLICANT COMPANY'S NAME OR COMPANY'S NAME FILING STATEMENT	Shred-it USA LLC
DATE OF APPLICATION OR DATE OF STATEMENT	November 2017
PERMIT(S) BEING APPLIED FOR OR STATEMENT FOR FILING STATUSES 2 OR 3	<input checked="" type="checkbox"/> Permit Type(s) <u>Recycling Permit</u> <input type="checkbox"/> Statement for filing Statutes 2 or 3—If filing under these statuses, attach a statement of the date of designation as Chronic Violator or the date of Conviction/Plea.
OTHER DNREC PERMITS HELD	<input checked="" type="checkbox"/> N/A – No other permits held with DNREC <input type="checkbox"/> List of all DNREC permits currently held with dates of issuance and expiration attached.

ENVIRONMENTAL PERMIT APPLICATION BACKGROUND STATEMENT

Please note: Companies filing statements pursuant to Chapter 79 have the right to identify information to be afforded confidential status pursuant to 7 Del. C. § 7903(b) and the requirements set forth in Section 6, "Requests for Confidentiality" of the DNREC *Freedom of Information Act Regulation*.

PROVIDING ALL OF THE INFORMATION REQUESTED IN THIS FORM SATISFIES THE REQUIREMENTS OF 7 DEL. C. CHAPTER 79 ("ENVIRONMENTAL PERMIT APPLICATION BACKGROUND STATEMENT") UNLESS THE DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL ("DNREC") OR THE DELAWARE DEPARTMENT OF JUSTICE DETERMINES THAT ADDITIONAL SUBMISSIONS ARE NECESSARY. FAILURE TO PROVIDE THE INFORMATION REQUESTED OR PROVIDING ERRONEOUS INFORMATION IS GROUNDS FOR DENYING OR REVOKING AN ENVIRONMENTAL PERMIT/APPROVAL/LICENSE, AND FOR CIVIL AND/OR CRIMINAL PENALTIES.

A. (Authority – 7 Del. C. § 7902(a)(1&2) & § 7905) Attach a complete list (full names) of all current members of the applicant company's board of directors, all current corporate officers, all persons owning more than 20% of the applicant's stock or other resources, all subsidiary/affiliated companies with type of business performed, street addresses, all parent companies with addresses, all companies with which the applicant's company shares two or more members of the board of directors, and the name(s) of the person(s) serving as the applicant's local chief operating officer(s) with respect to each facility covered by the permit in question or for the statement required for filing Statutes 2 or 3. [Note: For companies that do not have a facility located in Delaware, no listing for the local chief operating officer(s) is required].

Shred-it USA LLC is owned 100% BY SHRED IT US JV LLC

- ☐ Information attached
- ☐ Information attached, except for local chief operating officer as there is no facility located in the State of Delaware.

B. (Authority - 7 Del. C. § 7905) Please check one of the following selections below, showing type of ownership for the applicant or applicant/statement company:

- ☐ Proprietorship List the state, county, book record and page number where the certificate is found (Attach hereto).
- ☐ Partnership List the state, county, book record and page number where the certificate is found (Attach hereto).
- ☒ Corporation List the city, state, date of incorporation, corporation file number, current corporate standing, registered agent, and address of the registered agent (Attach hereto).
(LLCs included)
- ☐ Municipality
- ☐ Public Institution/
Government Agency
- ☐ Other

C. (Authority - 7 Del. C. § 7902(a)(3) & § 7905) Have any of the following been issued to or agreed to by the applicant or applicant/statement company, any employee, person, entity, or subsidiary/affiliated company, specified in response to Item A, for violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred, during the five years prior to the date of this application/statement

OFFENSE	YES	NO
Notice of Violation(s)		✓
Administrative Order(s)		✓
Administrative Penalty(ies)		✓
Civil Action(s)		✓
Civil Penalty(ies)		✓
Civil and/or Administrative Settlement Agreement(s)		✓
Permit/License/Approval Revocation		✓
Arrest(s)		✓
Conviction(s)		✓
Criminal Penalty(ies)		✓
Criminal Plea Bargain		✓

D. (Authority - 7 Del. C. § 7902(a)(3), (a)(4) & § 7905) If you answered "yes" to any of the actions listed in Item C above for the applicant or applicant company or any other person identified in Item A, attach a description of the incidents or events leading to the issuance of each action, regardless of the state in which it occurred, for the 5 years prior to the date of the statement, and the disposition of each action, what state the action/offense occurred in, and any actions that have been taken to correct the violations that led to such enforcement action.

☒ N/A

☐ Information attached

E. (Authority - 7 Del. C. § 7902(a)(5) & § 7905) Attach a description of any felony or other criminal conviction for a crime involving harm to the environment or violation of environmental standards of any person or entity identified in Item A above that resulted in a fine greater than \$1,000 or a sentence longer than 7 days, regardless of whether such fine or sentence was suspended.

☒ N/A

☐ Description attached

F. (Authority - 7 Del. C. § 7902(a)(6) & § 7905) Attach copies of any and all settlements of environmental claims involving the applicant, associated with actions identified in response to Item D above, whether or not such settlements were based on agreements where the applicant did not admit liability for the action.

☒ N/A

☐ Information attached

Items for Filing Statutes 2 or 3 Only

G. (Authority - 7 Del. C. § 7902(a)(7) and § 7905) If the applicant or applicant/statement company has been found guilty, pled guilty or no contest, to any crime involving violation of environmental standards which resulted in serious physical injury or serious harm to the environment attach a summary of the events involved and a copy of the disposition of the action (See 7 Del. C. § 7902(c) for definitions of "serious physical injury" or "serious harm to the environment" before answering this question.)



N/A



Yes – Information Attached.

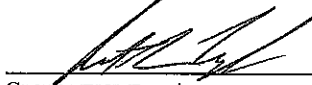
H. (Authority - 7 Del. C. § 7902(a)(8)) – If the applicant or applicant/statement company has been designated a chronic violator under 7 Del. C. § 7904, a detailed written report from an independent inspector who has inspected the applicant's premises for the purpose of detecting potential safety and environmental hazards to employees and the surrounding community. The Secretary may waive the duty to submit a detailed written report upon a showing of good cause by the applicant. A showing by the applicant that the acts which caused it to be designated as a chronic violator did not jeopardize public health shall constitute "good cause" under this paragraph.

I. (Authority - 7 Del. C. § 7902(a)(7)) – If the applicant or applicant/statement company has been designated a chronic violation under § 7904 of this Title, **OR** has been found guilty or pled no contest to any crime involving violation of environmental standards which resulted in serious physical injury or serious harm to the environment, a statement made under oath by the applicant or applicant/statement company's local chief operating officer with respect to the facilities covered by the permit, stating that: (a) disclosures made by the applicant/reporting company under federal and state environmental statutes and regulations during the preceding calendar year have been, to the chief operating officer's knowledge, complete and accurate, and (b) that the facility has implemented policies, programs, procedures, standards or systems reasonably designated, in light of the size, scope, and nature of facility operations to detect deter and promptly correct any noncompliance with state environmental statutes and regulations. The statement filed pursuant to this paragraph shall include an acknowledgement by the affiant that intentionally false statements submitted in compliance with this paragraph constitute criminal perjury as defined at 11 Del. C. §§1221-1222.

STATE OF DELAWARE – DEPT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
ENVIRONMENTAL PERMIT BACKGROUND STATEMENT

CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ THE PRECEEDING SUBMISSION, HAVE PROVIDED ALL OF THE INFORMATION REQUESTED, AND THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.


SIGNATURE—APPLICANT OR
OFFICER OF APPLICANT / STATEMENT COMPANY

DATE: 9/20/17

NAME: Jonathan Tyler

TITLE: Facility Manager

COMPANY
NAME: Shred-it USA LLC

ADDRESS: 649 Whitehead Rd
Lawrenceville, NJ 08648

TELEPHONE: 609 584 8811

FAX NUMBER: 609 586 8450

REGISTERED
AGENT NAME: THE CORPORATION TRUST COMPANY

ADDRESS: 1209 ORANGE ST, WILMINGTON, DE 19801

TELEPHONE: 302-658-4968

FAX NUMBER: N/A

SWORN TO AND SUBSCRIBED

BEFORE ME THIS 20 DAY OF

September, 2017.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
MAUDLYN C RAMSAY

Notary Public
CITY OF CHESTER, DELAWARE COUNTY
My Commission Expires Jan 11, 2021

jmb:20-24.docx (rev. 6/2012)


NOTARY PUBLIC SIGNATURE (SEAL)

MAUDLYN C RAMSAY
PRINTED NAME OF NOTARY PUBLIC

Pennsylvania Delaware
STATE / COUNTY

MY COMMISSION EXPIRES ON: 1/11/2021

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHRED-IT USA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2546974 8300

SR# 20176255228

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203260284

Date: 09-20-17

Department of State: Division of Corporations

[Allowable Characters](#)**HOME**

[About Agency](#)
[Secretary's Letter](#)
[Newsroom](#)
[Frequent Questions](#)
[Related Links](#)
[Contact Us](#)
[Office Location](#)

SERVICES

[Pay Taxes](#)
[File UCC's](#)
[Delaware Laws Online](#)
[Name Reservation](#)
[Entity Search](#)
[Status](#)
[Validate Certificate](#)
[Customer Service Survey](#)

INFORMATION

[Corporate Forms](#)
[Corporate Fees](#)
[UCC Forms and Fees](#)
[Taxes](#)
[Expedited Services](#)
[Service of Process](#)
[Registered Agents](#)
[Get Corporate Status](#)
[Submitting a Request](#)
[How to Form a New Business Entity](#)
[Certifications, Apostilles & Authentication of Documents](#)

[View Search Results](#)

Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number: 2546974 **Incorporation Date /** 9/27/1995
Formation Date: (mm/dd/yyyy)

Entity Name: SHRED-IT USA LLC

Entity Kind: Limited Liability Company **Entity Type:** General

Residency: Domestic **State:** DELAWARE

REGISTERED AGENT INFORMATION

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER 1209 ORANGE ST

City: WILMINGTON **County:** New Castle

State: DE **Postal Code:** 19801

Phone: 302-658-7581

Additional information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like ☐ Status ☐ Status, Tax & History Information

For help on a particular field click on the Field Tag to take you to the help area.

[site map](#) | [privacy](#) | [about this site](#) | [contact us](#) | [translate](#) | [delaware.gov](#)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "SHRED-IT USA INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "SHRED-IT USA INC." TO "SHRED-IT USA LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2014, AT 2:44 O'CLOCK P.M.

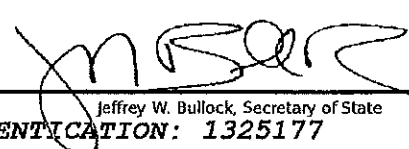
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE TWENTY-SIXTH DAY OF APRIL, A.D. 2014.

2546974 8100V

140519982

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1325177

DATE: 04-28-14

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:44 PM 04/25/2014
FILED 02:44 PM 04/25/2014
SRV 140519982 - 2546974 FILE

**CERTIFICATE OF CONVERSION
FROM A CORPORATION TO
A LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT**

The undersigned, an authorized person, for the purpose of converting Shred-it USA Inc., a Delaware corporation (the "Corporation"), to a limited liability company under the provisions of and subject to the requirements of Section 18-214 of the Delaware Limited Liability Company Act (the "Act"), hereby certifies that:

FIRST: The jurisdiction where the Corporation first formed is Delaware.

SECOND: The jurisdiction immediately prior to filing this Certificate is Delaware.

THIRD: The date the Corporation first formed is September 27, 1995.

FOURTH: The name of the Corporation immediately prior to filing this is Shred-it USA Inc.

FIFTH: The name of the Limited Liability Company as set forth in the Certificate of Formation is Shred-it USA LLC.

SIXTH: The effective date of the filing shall be April 26, 2014.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Conversion on April 25, 2014.

By: _____

Name: James D. Rudyk
Title: Authorized Person



Delaware Department of Natural Resources and Environmental Control
Solid and Hazardous Waste Management Section

RECYCLING PERMIT APPLICATION

INSTRUCTION: The applicant may claim that some of the information presented in this Application is confidential. An applicant wishing to make such a claim should write, preferably in red ink, "Claimed Confidential Information" at each point in the response where such confidentiality is claimed. The applicant must provide an explanation of why the release of such information would constitute an invasion of personal privacy or would seriously affect the applicant's business or competitive situation. The confidentiality determination will be subject to the FOIA Regulation, Section 6.

BRIEF DESCRIPTION OF RECYCLING ACTIVITY OR BENEFICIAL USE PROCESS

Destruction of Hard Drives via shredding and recycled material.

FACILITY INFORMATION

Facility Name: *SHRED-IT USA LLC*

Address: *649 Whitehead Rd*

City: *Lawrenceville*

County: *Mercer*

State: *NJ*

Zip Code: *08648*

Phone: *609 584 8811*

Fax: *609 586 8450*

Total Site Area (Acres): *3*

Latitude: *40.249222*

Longitude: *-74.730805*

Tax Parcel Number (s):

Expected Service Area:

BUSINESS OWNER INFORMATION

Owner's Name: *SHRED-IT US JV LLC*

Contact Person: *PAUL ALBANESI*

Title: *DIRECTOR TAX*

Address: *1383 NORTH SERVICE ROAD EAST*

City: *DAKVILLE, CANADA*

State: *PROVINCE: ON*

Zip Code: *L6J 7T4*

Phone: *905-491-2259*

Fax:

Email: *paul.albanesi@stercycle.com*

FACILITY OPERATOR INFORMATION

Operator's Name: *Jonathan Tyler*

Contact Person: *Jonathan Tyler*

Title: *Facility Manager*

Address: *649 Whitehead Rd*

City: *Lawrenceville*

State: *NJ*

Zip Code: *08648*

Phone: *609 584 8811*

Fax: *609 586 8450*

Email: *jonathan.tyler@stercycle.com*

OPERATING HOURS

Daily Operating Hours: *8 AM - 5 PM*

Daily Business Hours (Open to Public): *9 AM - 2:30 PM*

Days of Operation: *Mon-Fri*

Number of Operating Days Per Year:



Delaware Department of Natural Resources and Environmental Control
Solid and Hazardous Waste Management Section

RECYCLING PERMIT APPLICATION

ESTIMATED QUANTITIES OF RECYCLABLE MATERIAL AND PRODUCT:

Maximum Daily Tonnage of Recyclable Material to be Accepted: 5 Tons Daily ☒ Weekly ☐

Maximum Tonnage of Recyclable Material to be Stored (at any given time): 5 Tons

Maximum Tonnage of Product to be Stored (at any given time): 250/55

NOTE: Maximum daily and weekly tonnages must consider operating hours and days specified on next page.

I certify under penalty of law, that I have personally examined and am familiar with the information submitted in the Application and all supporting documentation and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Signature of applicant: [Signature]

Date: 9/25/17

Printed Name: CHRISTOPHER LAVINE

Phone: 609-584-8811

Title: DISTRICT OPERATIONS MANAGER

Email: christopher.lavine@

Company: SHRED-IT USA LLC

stereocycle.com

Address: 609 WHITEHEAD ROAD

City: LAWRENCEVILLE

State: NI

Zip Code: 08648



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
SOLID AND HAZARDOUS WASTE MANAGEMENT SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

December 2, 2015

Mr. Chris Lavine
Shred-It USA, LLC
649 Whitehead Road
Lawrenceville, NJ 08648

Subject: Recycling Permit #45/112517B
Reference: Shred-It USA Permit #45, File Code: 03.A

Dear Mr. Lavine:

Per the renewal request dated October 29, 2015, the Solid and Hazardous Waste Management Section has renewed Recycling Permit ("Permit") #45. The renewed permit reflects the change in ownership from Cintas Document Management to Shred-It USA, LLC. This Permit is granted for two years and will expire on November 25, 2017.

If you have any questions concerning this Permit, please contact Mindy Anthony at (302) 739-9403 ext. 8.

Sincerely,

A handwritten signature in cursive script that reads "Nancy C. Marker".

Nancy C. Marker
Environmental Program Administrator
Solid and Hazardous Waste Management Section

NCM:MA:kro
Shred It PermitCovLtr 120215

Enclosure

Delaware's good nature depends on you!

RECYCLING PERMIT #45/112517B

Effective Date: November 25, 2015
Expiration Date: November 25, 2017

Facility Name: Shred-It USA, LLC
Mailing Address: 649 Whitehead Road
Lawrenceville, NJ 08648

Contact Person: Chris Lavine
Phone Number: (609) 584-8811

Location of Approved Activity: Designated Shred-It vehicle used throughout the State of Delaware, clearly labeled as Shred-It.

I. GENERAL CONDITIONS:

- A. In accordance with Delaware's *Regulations Governing Solid Waste* ("DRGSW"), Section 2.5.2, the Department of Natural Resources and Environmental Control (the "Department") issues Recycling Permit #45/112517B ("Permit") to Shred-It USA, LLC ("Shred-It") for accepting and hole punching computer hard drives in a Shred-It vehicle with hydraulic hole punching equipment for the sole purpose of recycling the punched hard drive waste.
- B. This Permit shall be conducted in accordance with the conditions herein and with the following documents, as submitted to the Department: (1) Application for Beneficial Use Determination for hole punching hard drives dated October 29, 2015; (2) associated Permit documents, dated October 2013; (3) ownership documents dated May 1, 2014; and (4) other procedures and policies specifically referenced in this Permit. Conditions of this Permit shall take precedence over any of the above listed documents. Failure to comply with any condition of this Permit or any provisions within the aforementioned documents is a violation of this Permit.
- C. A copy of this Permit shall be presented upon request to any law enforcement officer or representative of the Department.
- D. Shred-It shall notify the Department in writing within twenty-four (24) hours of any changes in the ownership, operators, name, or company officials.
- E. Shred-It shall notify the Department in writing at least thirty (30) days prior to the anticipated need to implement any change to waste characteristics, changes that will alter the beneficial use of the incoming waste material or of the hole

punched hard drives, or changes to processes, operations, or procedures described in the Application documents referenced above in section I.B., or to this Permit. Shred-It shall not implement said changes unless and until they have been notified in writing of the Department's agreement to the change(s).

- F. This Permit may be modified by the Department at any time, including additional limitations, requirements and/or special conditions. In the event the regulations governing activities authorized in this Permit are revised, this Permit may be modified.
- G. In the event that any condition of this Permit cannot be achieved or is violated, Shred-It shall immediately notify the Department and take action to correct the violation.

II. GENERAL OPERATING CONDITIONS:

A. Security

Access to the Shred-It vehicle shall be controlled to prohibit the entry of unauthorized individuals.

B. Access

Representatives of DNREC may, at any reasonable time, inspect the operations described herein to verify compliance with the requirements of this Permit, DRGSW, Delaware's *Regulations Governing Hazardous Waste* ("DRGHW"), and 7 Del. C. Chapters 60 and 63.

C. Dust control

Shred-It shall manage all hard drives in order to prevent the possibility of dust.

D. Fire safety

Shred-It shall manage all hard drives in order to prevent the possibility of fires.

E. Employee Health and Safety

Employees shall work under appropriate health and safety guidelines established by the Occupational Safety and Health Administration. Use of personal protective equipment shall be in accordance with 29 CFR Part 1910.132 as a minimum. First aid equipment shall be maintained and available on the Shred-It vehicle. Emergency telephone numbers of nearby ambulance, hospital, police and fire services shall be prominently displayed in Shred-It's vehicle.

F. Equipment Usage, Inspection and Maintenance

The equipment consists of a hydraulic hole punch and Shred-It vehicle. The Shred-It vehicle shall be completely enclosed and sealed from external conditions and tampering. Shred-It will use a combination of this equipment and manual labor to process the incoming waste material and to handle the final punched waste. All operating equipment shall be operated and inspected in accordance with the manufacturer's recommendation, permits, and this Permit. Equipment shall be maintained and operated in a manner that protects Shred-It employees, the public, and the environment.

G. Training

All employees who are to work with the hole punch shall have received initial training, within 180 days of hiring, in (1) Health and safety procedures, (2) Fire

prevention and protection, and (3) Emergency first aid. Prior to working the hole punch, employees shall receive training in equipment operation conducted by the equipment manufacturer's representative or another person specifically knowledgeable in the operation of the equipment. Training shall include the manufacturer's operating and maintenance manual, operation instruction, equipment safety features, and hazards that might be encountered. Unless otherwise specified by a nationally recognized training provider (for example, the American Red Cross as a training provider for First Aid), training shall be required initially and annually thereafter.

H. Recordkeeping:

1. Training records shall be immediately provided to the Department upon request. These records will document that the required training has been provided to all employees who are to work in the hole punching area.
2. All data required by this Permit shall be recorded and maintained by Shred-It for a minimum of three (3) years and immediately made available to the Department upon request, including:
 - a. Volume or tonnage of hole punched hard drives from each of Shred-It's clients, for each hard drive destruction event and location.
 - b. Bills of lading for shipment of punched hard drives for recycling.
 - c. Reports from all recycling facilities used including weight of the recycled waste and formal documentation demonstrating that recycling was done.
 - d. Training records.

I. Reporting:

1. Quarterly:

The following information is required on a quarterly basis, to be received by the Department no later than the 15th (April 15th, July 15th, October 15th, January 15th) after every calendar quarter:

 - a. The number of bins containing hard drives accepted from each client, listed by date and destruction event location
 - b. The weight of punched hard drives sent for recycling, listed by client and destruction event location
 - c. Reports from all recycling facilities, including weight of the punched waste that was recycled and formal documentation demonstrating that recycling was done.
2. Annually:

No later than February 1 of each calendar year, Shred-It shall submit an annual report for the previous calendar year which includes a summary of all of the information submitted in the quarterly reports. This report can be sent via email to Mindy.Anthony@state.de.us or a hard copy can be mailed to:

Mindy Anthony
Delaware Department of Natural Resources and Environmental Control
Solid and Hazardous Waste Management Section
89 Kings Highway
Dover, DE 19901

O. Authorized Waste:

Hard drives that, prior to hole punching, do not contain mercury switches, mercury relays, nickel-cadmium batteries and lithium batteries

P. Prohibited Waste:

The following is a list of prohibited wastes that shall not be accepted by Shred-It, though it is not intended to be all inclusive:

1. Hard drives containing mercury switches, mercury relays, nickel-cadmium batteries or lithium batteries
2. Personal computers, servers, or other electronic components
3. Plastics, glass, metal
4. Mixed municipal solid waste (trash/garbage), tires
5. Batteries
6. Biosolids and septage
7. Petroleum-containing materials or wastes
8. Medical wastes, radioactive materials, universal wastes or hazardous wastes

III. RAW MATERIAL ACCEPTANCE, PROCESSING, AND STORAGE:

A. Procedures for Waste Acceptance

Waste acceptance and processing shall be conducted in accordance with Shred-It's hard drive destruction process submitted with their original application, DRGSW, DRGHW, Delaware Code, and the conditions below.

1. All hard drives shall be removed from the computer prior to acceptance.
2. All mercury switches, mercury relays, nickel-cadmium batteries, and lithium batteries shall have been removed from all hard drives.
3. All hard drives to be hole punched shall be placed in Shred-It's vehicle using covered and locked bins.
4. Hard drives shall only be transferred back to the client in the event of a security breach.
5. If unauthorized wastes are found with a load of hard drives, the unauthorized waste shall be lawfully managed on site in a designated container and immediately returned to the generator for lawful disposal or recycling.

B. Procedures for Processing of Waste

1. All hole punching shall take place inside Shred-It's vehicle.

2. All hole punched hard drives shall be deposited into containers inside Shred-It's vehicle. Once a container is full it shall be closed, locked and secured on the vehicle.

C. Procedures for Storage of Waste

1. There shall be no storage of hole punched hard drive waste at the location of the client.
2. At the conclusion of the on-site hard drive destruction event, all bins containing hole punched waste shall be promptly transported in Shred-It's vehicle to the Shred-It facility in New Jersey.

IV. STORAGE OF PRODUCT:

1. Storage of hole punched hard drives shall be in Shred-It's vehicle only and shall be stored only for the duration and purpose of immediately transporting the hole punched waste to Shred-It's facility in New Jersey.
2. Once the hole punching has been completed for a client, punched waste shall not be stored in the Shred-It vehicle for more than twenty-four (24) hours while in Delaware; except if an already scheduled hard drive destruction event is necessary to fill the vehicle to or near capacity. In that event, hole punched waste shall not be stored in the Shred-It vehicle for more than twenty-four (24) hours beyond the completion of the final hard drive destruction event for that vehicle.

V. PRODUCT USE AND APPLICATION:

All hole punched hard drives shall be sent to a recycler approved to accept such waste. It is Shred-It's responsibility to ensure that the appropriate recycling permits have been obtained and maintained by the recycler.

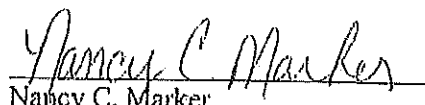
V. ADDITIONAL CONDITIONS:

- A. Should Shred-It desire to renew this Permit, Shred-It shall submit a new application no later than 120 days prior to the Permit expiration date. Shred-It may be required to submit additional documentation as needed at the Department's sole discretion.
- B. This Permit does not relieve Shred-It, nor any of its clients, from complying with any other applicable Federal, State, or Local laws, regulations or ordinances.
- C. Any violation of any condition of this Permit, regulation promulgated by the Department, Secretary's Orders, or provision of 7 Del. C. Chapters 60 and 63, shall justify termination of this Permit, and implementation of appropriate enforcement action.
- D. Any violation of any regulatory law, regulation or ordinance for the New Jersey facility shall justify termination.

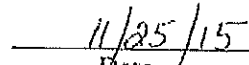
Shred-It USA, LLC
Recycling Permit
Permit No. 45/112517B

MODIFICATIONS:

November 25, 2015: Modified at time of renewal to reflect change in ownership from Cintas Document Management to Shred-It USA, LLC.



Nancy C. Marker
Environmental Program Administrator
Solid and Hazardous Waste Management Section



Date

September 18, 2017

ANSWERS TO QUESTIONS FOR THE BUD RENEWAL

Question 4:

The process of hard drive destruction is as follows:

- A standard 22' box truck will arrive at the customer's location.
- Shred-It employee will collect all hard drives from customer and bring them to the truck.
- The shredding piece of machinery is located on the back of the box truck.
- All hard drives are scanned and then shredded to destroy the data on the hard drive.
- The remaining pieces are collected into a 65 gallon closed, locked container and secured on the truck.
- After all material is shredded the truck drives directly back to our facility in Lawrenceville, NJ. The container holding the hard drives is emptied into a Gaylord that will be sealed and shipped to our certified recycler.

Question 5:

All destruction of hard drives will be performed by Shred-It and recycled through a certified E-recycler. The 65 gallon containers used in the transportation of the hard drives from the customer to the Shred-It facility in Lawrenceville, NJ are sufficient to prevent a release to the environment. There are no mercury switches or batteries in these hard drives. All material is sent to Information Systems Resources(ISR) in Dearborn, MI for proper disposal. Included in this packet is the R2 Certification for ISR that ensures responsible recycling of used electronics.

Question 6:

Attached is our Chain of Custody form signed by our recycler verifying that there is a true market for this material.

Question 9:

Attached is our NAID certification for Hard Drive destruction. This is the only applicable permit or license we require as a company to do this work.

Regards,

A handwritten signature in black ink, appearing to read 'CL', with a long horizontal flourish extending to the right.

Chris Lavine
District Operations Manager

Shred-It USA LLC. - South Jersey

Lawrenceville, NJ

HAS ACHIEVED CERTIFICATION FROM THE NATIONAL ASSOCIATION FOR INFORMATION DESTRUCTION

FOR
Mobile & Plant-based
Operations



ENDORSED MEDIA DESTRUCTION FOR

Paper/Printed,
Computer Hard Drive &
Non-Paper Media

December 1, 2016 thru November 30, 2017

VALID

Katrina Manney
NAID DIRECTOR OF CERTIFICATION

AGREEMENT FOR RESPONSIBLE DISPOSAL OF DESTROYED MATERIALS
(between a Secure Destruction Service and Disposal Agent)

The following Secure Destruction Service is NAID® Certified or seeking NAID® Certification and is in possession of destroyed materials as identified below that it must responsibly dispose:

SECURE DESTRUCTION SERVICE firm: Shred-IT

Address: 649 Whitehead Road - Lawrenceville, MT 08648

Destroyed Materials consisting of: HARD DRIVES

The following Disposal Agent accepts the Destroyed Materials and will responsibly dispose of these materials in the method identified below:

DISPOSAL AGENT firm: Information System Resources

Address: 1866 Bailey St Dearborn, MI 48076

Final Disposition Method of Materials Received: Processed at Smelter
For Recycling

If destroyed computer hard drives are being disposed, the above Disposal Agent must be registered by the International Organization for Standardization (ISO) as being compliant with the 14001 standard.

By signature below, the Disposal Agent agrees to the following in accepting the Destroyed Materials from the Secure Destruction Service:

- Disposal Agent agrees to process and route the Destroyed Material by a mutually acceptable method and to a mutually agreed destination that fulfills the obligation to keep them from entering the public realm in a manner in which they could be reconstituted (such as in packing materials or animal bedding) or that is violation of any environmental regulations.
- The Disposal Agent agrees that the final disposition method identified above will be adhered to unless notice and permission have been obtained from the Secure Destruction Service firm in writing in advance.
- The Disposal Agent understands that the decision to use their firm to accept the Destroyed Material and process it under the agreed manner is required by the NAID Certification standards.
- The Disposal Agent understands that the decision by the Secure Destruction Service to transfer the Destroyed Materials to the Disposal Agent is made only in consideration of their ability and willingness to comply with this agreement.
- The Disposal Agent agrees to process and dispose of the Destroyed Materials as agreed herein
- The Secure Destruction Service also agrees that this is not an agreement that transfers any obligation or intention on the part of the Disposal Agent to provide secure destruction services.

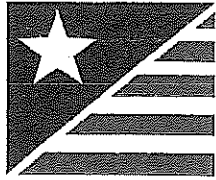
Disposal Agent

Representative's Signature: [Signature]

Date: 5/8/17

Representative's Printed Name: CARLTON GOODALL

Representative's Title: DIRECTOR OF OPERATIONS



PERRY JOHNSON REGISTRARS, INC.

Certificate of Registration

*Perry Johnson Registrars, Inc., has audited
the Environmental, Health and Safety Management System of:*

Information Systems Resources
1800 Bailey Road, Dearborn, MI 48124 United States

*The organization has been audited by a certification body that is in conformance with ISO/IEC
17021 requirements and applicable Accreditation Body requirements. The organization is found to be
in conformance with the R2 Standard as applied by the R2 Code of Practices.*

Responsible Recycling® (R2) Rev. 7/2013

This Registration is in respect to the following scope:

**Testing, Refurbishment, Dismantling, Remarketing of Electronic Equipment,
Shredding of Hard Drives, Data Destruction, and Data Sanitization**

*This Registration is granted subject to the system rules governing the Registration referred to above, and the
Organization hereby covenants with the Assessment body duty to observe and comply with the said rules.*



**Responsible™
Recycling**

Terry Boboige

Terry Boboige, President

Perry Johnson Registrars, Inc. (PJR)
755 West Big Beaver Road, Suite 1340
Troy, Michigan 48064
(248) 358-3388

The validity of this certificate is dependent upon ongoing surveillance.

Effective Date:

December 29, 2015

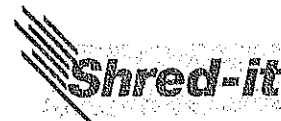
Expiration Date:

September 21, 2018

Certificate No.:

C2016-00130

SHRED-IT USA LLC
28161 North Keith Drive
LAKE FOREST, IL 60045



RETURN SERVICE REQUESTED

Check No. 80034251
Check Date 10/11/2017
Check Amount \$350.00
Vendor Number 0000044640



OM-000464 0001 0001 000464

DELAWARE DEPARTMENT OF NATURAL
30 S AMERICAN AVE.
DOVER, DE 19901-7346

Invoice Number	Invoice Date	Document Number Text	Gross Amount	Discount Amount	Net Amount
10092017	10/09/2017		\$350.00		\$350.00
TOTAL					\$350.00

Page 1 of 1

↓ PLEASE FOLD ON PERFORATION AND DETACH HERE ↓

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

SHRED-IT USA LLC
28161 North Keith Drive
LAKE FOREST, IL 60045



80034251
October 11, 2017
2-3/710

Amount: **Three Hundred Fifty dollars and 00 cents**

\$350.00

Pay to the order of DELAWARE DEPARTMENT OF NATURAL
30 S AMERICAN AVE.
DOVER, DE 19901-7346

Bank of America N.A.
Chicago, Illinois

AUTHORIZED SIGNATURE

⑈0080034251⑈ ⑆071000039⑆ 8765131328⑈

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Instructions: You must complete this application in its entirety and attach all applicable documentation.
(Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application.

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☒ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☐ Renewal: Permit # DE-SW-_____ Expiration Date _____

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☐ Five Years - \$275.00

ALL OTHERS

- ☒ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? ☒ Yes ☐ No

3. Company Information

Company Name SHRED-IT USA, LLC.

Location Address:	Mailing Address:
649 WHITEHEAD ROAD	649 WHITEHEAD RD.
LAWRENCEVILLE, NJ 08648	LAWRENCEVILLE, NJ 08648

Contact: CHRISTOPHER LAVINE Title: DISTRICT OPERATIONS MANAGER.

Business Phone: 609-206-9307 Fax: 609-586-8450

E-mail: CHRISTOPHER.LAVINE@STERICYCLE.COM

24 hr Emergency Contact Phone: _____

4. Company Ownership Information

(a). Please indicate the company type:

- ☐ Proprietorship
☐ Partnership
☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: _____ State: _____ Date: _____

- ☐ Municipality
☐ Public institution

☒ Limited Liability Corporation (LLC) State: DELAWARE

☐ Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

☐ Attachment SEE ATTACHED LIST OF OFFICERS

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

☐ Attachment SHRED-IT US JV LLC. OWNS SHRED-IT USA LLC.
☐ No parent company

OWNERSHIP 100%

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- ☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☐ Attachment STERICYCLE INC. 28161 N. KEDAH DRIVE
☐ No affiliates LAKE FOREST, IL 60045

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☐ Residential waste
☒ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
☐ Industrial waste (from a manufacturing or industrial process)
☐ Dry waste: ☐ construction/demolition debris
☐ trees/stumps
☐ other (must specify) _____
☐ Ash: ☐ municipal incinerator
☐ coal ash
☐ other (must specify) _____
☐ Infectious waste
☐ Non-hazardous petroleum-hydrocarbon contaminated soils
☐ Asbestos-containing waste
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☐ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☐ No N/A

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No N/A

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- ☐ Delaware Solid Waste Authority locations: (attachment) _____
- ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- ☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
- ☒ Out of state solid waste TSD facilities: (attachment) LANTONCEVILLE, NJ 08648

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
- ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- ☐ Attachment _____
- ☒ No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 1153892 MC# _____

- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Solid and Hazardous Waste Management Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☒ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.) *ANSWER IS NO, (CL)*
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

☒ Spill Control Plan: Attachment _____

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

☐ Driver Training, attachment _____

MVR CHECKED FOR EACH DRIVER-
CDL REQUIRED FOR SOME TRUCKS

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify the SHWMS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

☒ Vehicle List Attached

14. Vehicle Operator Information *BILL SCHMIDT, ROBERT RY*

Is a list of all vehicle operators attached? ☐ Yes ☐ No

What tax form do you submit to the IRS for your vehicle operators?

- ☐ Form W-2
☐ Form 1099-Misc
☐ Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

☐ Attachment _____
☒ No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature *Christopher Lavine* Date *10/9/17*
Print Name *CHRISTOPHER LAVINE* Title *SYSTEM OPERATIONS MGR.*

****A legal owner or corporate officer must sign the application****

SHRED-IT USA LLC

LIST OF OFFICERS

NAME	TITLE	BUSINESS ADDRESS
CHARLES ALUTTO	PRESIDENT	28161 N.KEITH DRIVE, LAKE FOREST, IL 60045
BRENT ARNOLD	VICE-PRESIDENT	28161 N.KEITH DRIVE, LAKE FOREST, IL 60045
DANIEL GINNETTI	VICE-PRESIDENT, TREASURER & SECRETARY	28161 N.KEITH DRIVE, LAKE FOREST, IL 60045

The officers above hold 0% ownership.

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:

- 1). Reflectors and/or flares
- 2). Fire extinguisher
- 3). First aid kit
- 4). Heavy-duty gloves, hard hat
- 5). Flashlight
- 6).

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

(3) The driver will perform the following pre-trip inspections:

- 1). *ALL DOT REQUIRED CHECKS*
- 2).

(4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

Name: *BILL SCHMIDT* Phone: *609-218-0696*

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)

Maryland:

New Jersey:

(6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)

(7) This plan will be carried in all vehicles, along with the permit.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]



356429-SHRED

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - (305) 443-4886 Wells Fargo Insurance Services USA, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: Risk Management Department	
	PHONE (A/C, No, Ext): (305)443-4886 FAX (A/C, No): (305)441-0813	
INSURED Shred-It USA, LLC a subsidiary of Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045	E-MAIL ADDRESS: StericycleCerts@wellsfargo.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Lexington Insurance Company	NAIC # 19437
	INSURER B: Greenwich Insurance Company	22322
	INSURER C: XL Insurance America, Inc.	24554
	INSURER D: XL Specialty Insurance Company	37885
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 12341906

REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			EG 1932356	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RAD9437833 (AOS) Physical Damage-Self Insured	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		RWD9435489 (AOS)	06/01/2017	06/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
D		N	N/A	RWR9435490 (AK & WI)	06/01/2017	06/01/2018	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Coverage

CERTIFICATE HOLDER

CANCELLATION

State of Delaware 820 N. French Street 12th Floor Wilmington, DE 19801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.